



**SENATE OF VIRGINIA**  
**RENTED EQUIPMENT**  
**FOR GENERAL ASSEMBLY OFFICE**

**Equipment:**

**Delivery Date:**

**Name of Vendor:**

**Vendor Contact:**

**Vendor Address:**

**Vendor Phone #:**

**Senator Name:**

**Office Phone #:**

**Equipment Location:**

**Contact Person:**

**Equipment Pick Up Date:**

Revised 10/15

Please send this completed form to Support Services, Room 325, General Assembly Building  
If you have any questions, please call us at (804) 698-7460.